Effective October 1, 2001

Application or Docket Number

041465-5130

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			16				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20= *		*	0		X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			minus 3 = *			D	ı	X42=		OR	X84=	C
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT				Ī	+140=		OR	+280=	0
* If	the difference i	in column 1 is	less than zer	o, ente	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	740.w
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL		
NTA		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	MN 2) HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	* /8	Minus	** 2	0	=		X\$ 9=	1 22	OR	X\$18=	
AMENDMENT A		* 4	Minus	***	3	= /		X42=		OR	X84=	84,00
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		1	+140=	'	OR	+280=	
	,						l	TOTAL ADDIT. FEE		ו	TOTAL ADDIT. FEE	84.0af
	()	(Column 1)			ımn 2)	(Column 3)	,					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER: IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	* 18	Minus	** &	20	=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* 4	Minus	***	of TCI AIM	=	┨╏	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT	**	NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
Me	independent	*	Minus	***		=	1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIM			+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE OR TOTAL ADDIT. FEE												
**	If the "Highest Nu	mber Previously I	Paid For" IN THI	S SPACE	E is less th	an 3, enter "3."			propriate bo	x in co		